



House of Commons
Health Committee

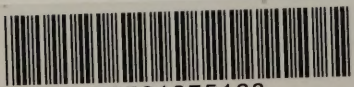
The Work of the Health Committee, 2003

First Report of Session 2003–04

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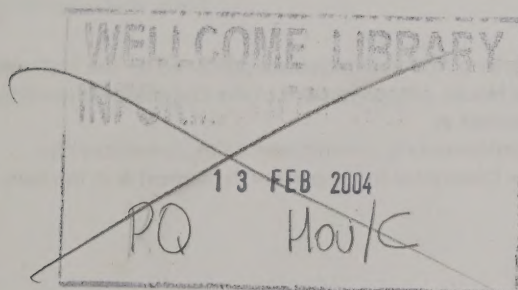
House of Commons
Health Committee

**The Work of the Health
Committee, 2003**

First Report of Session 2003–04

Report, together with the formal minutes

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HC 239

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The Health Committee

The Health Committee is appointed by the House of Commons to examine the expenditure, administration, and policy of the Department of Health and its associated bodies.

Current membership

Mr David Hinchliffe MP (*Labour, Wakefield*) (Chairman)
Mr David Amess MP (*Conservative, Southend West*)
John Austin MP (*Labour, Erith and Thamesmead*)
Mr Keith Bradley MP (*Manchester Withington*)
Simon Burns MP (*Conservative, Chelmsford West*)
Mr Paul Burstow MP (*Liberal Democrat, Sutton and Cheam*)
Jim Dowd MP (*Labour, Lewisham West*)
Mr Jon Owen Jones MP (*Labour, Cardiff Central*)
Siobhain McDonagh MP (*Labour, Mitcham and Morden*)
Dr Doug Naysmith MP (*Labour, Bristol North West*)
Dr Richard Taylor MP (*Independent, Wyre Forest*)

The following Members were also members of the Committee in the course of the inquiries covered in this Report.

Any Burnham MP (*Labour, Leigh*)
Julia Drown MP (*Labour, South Swindon*)
Sandra Gidley MP (*Liberal Democrat, Romsey*)

Powers

The Committee is one of the departmental select committees, the powers of which are set out in House of Commons Standing Orders, principally in SO No 152. These are available on the Internet via www.parliament.uk.

Publications

The Reports and evidence of the Committee are published by The Stationery Office by Order of the House. All publications of the Committee (including press notices) are on the Internet at www.parliament.uk/parliamentary_committees/health_committee.cfm. A list of Reports of the Committee in the present Parliament is at the back of this volume.

Committee staff

The current staff of the Committee are Dr J S Benger (Clerk), Keith Neary (Second Clerk), Laura Hilder (Committee Specialist), Frank McShane (Committee Assistant) and Anne Browning (Secretary).

Contacts

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Introduction

1. In 2003 the Health Committee had perhaps its busiest and most productive year since its establishment in 1991. A record total of nine Reports were produced, three of them based on the work of the Maternity Services Sub-committee, the first sub-committee we have had. These were as follows:

First Report	<i>The Work of the Health Committee 2002</i> (HC261) ¹
Second Report	<i>Foundation Trusts</i> (HC395)
Third Report	<i>Sexual Health</i> (HC69)
Fourth Report	<i>Provision of Maternity Services</i> (HC464)
Fifth Report	<i>The Control of Entry Regulations and Retail Pharmacy Services in the UK</i> (HC 571)
Sixth Report	<i>The Victoria Climbié Inquiry Report</i> (HC570)
Seventh Report	<i>Patient and Public Involvement in the NHS</i> (HC697)
Eight Report	<i>Inequalities in Access to Maternity Services</i> (HC696)
Ninth Report	<i>Choice in Maternity Services</i> (HC796)

2. Much of our work in 2003 built on inquiries we have conducted in previous years; we believe it is important that we should pursue a consistent approach to scrutiny of key policy and expenditure issues. Our inquiry into *Foundation Trusts* allowed us to examine the most fundamental shift in the delivery of secondary care in the NHS for many years. Yet it also tied in well with many of the conclusions we reached in the previous year in our Report into *The Role of the Private Sector in the NHS*.² Our series of three inquiries into maternity services built on the major Report into this area undertaken over a decade ago by one of our predecessor committees.³ We looked into the report that Lord Laming conducted into the tragic case of Victoria Climbié, but did so informed by the collective memory of a series of inquiries into the care of children conducted by another of our predecessor committees.⁴ Our major inquiry of the year – and, we believe, one of the most important inquiries ever undertaken by the Health Committee – looked at the nation's sexual health. Whilst this covered entirely new territory it formed part of a sequence of

1 All printing numbers refer to Session 2002-3

2 Health Committee, First Report of Session 2001-2002, *The Role of the Private Sector in the NHS*, HC308

3 Health Committee, Second Report of Session 1991-92, *Maternity Services*, HC29

4 Health Committee: Second Report of Session 1996-97, *The Specific Health Needs of Children and Young People*, HC307; Third Report of Session 1996-97, *Health Services for Children and Young People in the Community: Home and School*, HC314; Fourth Report of Session 1996-97, *Child and Adolescent Mental Health Services*, HC 26; Fifth Report of Session 1996-97, *Hospital Services for Children and Young People*, HC128; Second Report of Session 1997-98, *Children Looked After by Local Authorities*, HC319

major inquiries into public health, from tobacco in 2000,⁵ to public health generally in 2001⁶ through to our current major inquiry of this year, that into obesity.

3. In 2003 we undertook one domestic visit which informed our *Sexual Health* inquiry. In Bristol we saw at first hand the poor conditions which prevailed in genito-urinary medicine (GUM) clinics, where even basic hygiene standards and privacy levels were often not reached. In Exeter, we heard from single-handed clinicians who provided services for widely dispersed populations in rural areas in the South West, and from representatives of A PAUSE, a sex and relationships education project. At Paignton we witnessed a superb project to deliver a wide range of health advice to young people in premises located on the grounds of – but otherwise separate from – a community college. This seemed to us to be a model which richly deserved to be replicated. It was extremely popular with students, was welcomed by the school and seemed to have been effective in reducing unwanted pregnancy in an area of high social deprivation. We commended it in our Report and are disappointed that the Government has not embraced it more enthusiastically.

4. For our *Obesity* inquiry we went to Yorkshire to meet young people being treated at one of the very few specialist centres targeting childhood obesity. We also visited a number of schools in the Leeds area to assess levels of physical activity, education on food and nutrition and the provision of meals and snacks.

5. In October 2003 we undertook a visit to New York, Atlanta and Denver as part of our *Obesity* inquiry. As is widely acknowledged, the USA is one of the most obese nations on earth and in many ways sets trends which the UK follows. We met a range of health experts, educators, promoters of physical activity, social marketers and food companies. These meetings proved immensely useful to us in giving us an insight into how the obesity epidemic will develop, and what its financial and epidemiological costs will be if it continues unchecked.

6. In December 2003 we met EU Health Commissioner David Byrne in Brussels to discuss our current inquiry into *Obesity* and also to take stock of recent developments in tobacco control. This was our third meeting with him and his officials and our last, since he retires from this post shortly. We would like to record our warm appreciation of his frank and helpful responses to our questions and his generosity in finding time to see us on each occasion.

Inquiries carried out into:

(a) Government Policy proposals and implementation of legislation and major policy initiatives

7. Our inquiry into *Foundation Trusts* examined proposals contained in the Department of Health's *Guide to Foundation Trusts*, published in 2002, and measures contained in the Health and Social Care (Community Health and Standards) Bill (which was enacted in 2003). The *Sexual Health* inquiry had as its terms of reference an assessment of the effectiveness of the Government's strategy for sexual health in the context of the 2002

5 Health Committee, Third Report of Session 1999-2000, *The Tobacco Industry and the Health Risks of Smoking*, HC27

6 Health Committee, Second Report of Session 2000-2001, *Public Health*, HC30

consultation document *Better Prevention, Better Services, Better Sexual Health: The National Strategy for Sexual Health and HIV*. Our three linked Reports into maternity services were not tied to specific legislation, but were undertaken in the context of the Government developing the Maternity Services Module of the Children's National Service Framework, and of the guidelines on maternity services developed by the National Institute for Clinical Excellence. The inquiry into *The Control of Entry Regulations and Retail Pharmacy Services in the UK* was a specific response to the Office of Fair Trading Report of January 2003. Our short inquiry into *The Victoria Climbié Inquiry Report* addressed a range of child protection policies but was issued in the context of Government consultation over a wide range of policy proposals which will inform proposed legislation on child protection. Our inquiry into *Patient and Public Involvement in the NHS* examined proposals initially set out in *The NHS Plan* (2000) but fleshed out in the consultation document *Involving patients and public in healthcare* (September, 2001). We were examining the implementation of policies relating to patient and public involvement as they were being formulated and announced, and were able to probe delays and possible hitches in the process.

(b) Areas seen by the Committee as requiring examination because of deficiencies

8. A dramatic and sudden deterioration in sexual health in England prompted us to undertake an inquiry. Around one in ten sexually active young women are now infected with chlamydia; syphilis has witnessed a 500% increase in the last six years; gonorrhoea rates have doubled in the same period while HIV diagnoses are at record levels. Britain retains the unwelcome distinction of having the highest rates of teenage pregnancy in Europe. New data from the Health Protection Agency since our Report came out indicate that these highly disturbing trends have not been reversed.

9. Our current inquiry into *Obesity* is similarly inspired by a profound and relatively sudden deterioration in public health. Obesity rates have tripled over the last two decades, with the consequence that, on current trends, obesity will replace tobacco use as the prime cause of premature death over the next century, and life expectancy will actually fall across the population.

(c) Departmental actions

10. In our annual *Public Expenditure* inquiry (PEQ), we examined the Government's implementation of new reforms to patient and public involvement in healthcare, including the establishment of the Commission for Patient and Public Involvement in Healthcare and Patient and Public Involvement Forums, and the abolition of Community Health Councils. These issues were covered in more detail during our session in May with David Lammy MP, then Parliamentary Under-Secretary of State for Emergency Care and Public Involvement in the Department of Health.

11. The PEQ examined issues concerning the NHS medical and nursing workforces, including the costs of suspended doctors, the costs of agency nursing, and the impact of government initiatives such as NHS Professionals and NHS Direct. The Committee also used the PEQ as an opportunity to focus on cost comparisons between prices paid by the NHS for NHS patients to be treated in the independent healthcare sector with NHS

reference costs, and to consider the redundancy costs associated with various NHS and Department of Health restructurings.

(d) The work of the Department's Agencies and associated public bodies

12. The Health Committee takes evidence from a huge range of witnesses. In particular this year we have heard from numerous NHS trusts, in the course of inquiries into *Foundation Trusts*, *Maternity Services*, *Sexual Health* and *Obesity*. We received especially useful evidence from the former Public Health Laboratory Service in the context of our *Sexual Health* inquiry. England may have some of the worst figures for sexually transmitted infections but, as we noted in our Report, it does have the best data and that will be a starting point for remedial measures.

(e) Major appointments

13. During this year's examination of *Public Expenditure* we specifically requested that Sir Nigel Crisp, the Chief Executive of the NHS, should attend with the Secretary of State to give oral evidence. Dr Muir Gray, Programme Director of the newly-formed National Electronic Screening Library, presented evidence on our *Sexual Health* inquiry.

Extent to which systematic structure is in place for meeting the indicative tasks listed, and response of the department

14. The Health Committee has the challenging task of scrutinizing the Government department with more public sector employees than any other, including the activity of the NHS, Europe's largest employer with around 1.2 million staff; it also scrutinizes a budget currently set at around £60 billion but due to rise to over £84 billion by 2007-8. This makes the Department of Health the single highest spending Government Department. At present, our Committee's resources, and the time we can spend on our task, are more or less the same as those of almost any other departmental select committee. For example, the Department for Culture, Media and Sport has an identically sized committee with similar staff resources devoted to the scrutiny of a department spending less than £1.5 billion. Given the scale of the task, it is simply not feasible for us systematically to review the entire operation of the Department of Health. All we can do is address those issues which seem to us most urgent, or which would most obviously benefit from the type of scrutiny we can bring to bear. We are, however, pleased to note the expansion in staff resources promised over the coming year as part of the review of Committee Office resources.

Examination of draft legislation

15. No draft bills within the Committee's remit were published.

Extent to which systematic structure is in place for meeting the indicative tasks listed, and response of the department

16. The Committee would itself determine whether or not to examine any draft bill. Again, we repeat our plea of last year to the Department that maximum notice is essential to allow us to incorporate legislative scrutiny within our programme.

Examination of expenditure

17. Since 1991, the Health Committee has conducted its annual scrutiny of Department of Health expenditure based on a detailed questionnaire submitted to the Department each summer, the PEQ cited above. This forms a retrospective analysis of the Department's expenditure over the previous financial year. Oral evidence is then taken, first from officials then from the Secretary of State.

18. Whilst we constantly refine the questionnaire, much of the information sought remains unchanged from year to year, in order to provide consistency of data for the many research institutions which make use of this material.

Extent to which systematic structure is in place for meeting the indicative tasks listed, and response of the department

19. The Department devotes much time and effort to completing the questionnaire for which we are most grateful. This year, as has often been the case, they failed to meet our requested deadlines, limiting the time that we could spend in analysing the material before officials came before the Committee.

Examination of Public Service Agreements

20. Some 55 PSA⁷ targets set since 1998 are currently monitored by the Department so clearly it is not feasible for us systematically to examine all agreements. Focusing on simply the 2002 targets, most of the 12 categories are covered in the annual expenditure review (which does specifically address several PSA targets), notably those relating to waiting times (Targets 1 to 3), and that requiring improvements in value for money brought about by increased efficiency (Target 12). Target 6, which seeks a substantial reduction from the major killer diseases by 2010, is being addressed in our current *Obesity* inquiry. Target 11, seeking to reduce health inequalities by 10% by 2010 was a matter we considered in our second Maternity Report which focused on health inequalities, but is also pertinent in the context of our inquiries into *Obesity*, and more markedly, *Sexual health*, where there are major health inequalities.

Innovations in working methods

21. On a visit to Manchester in December 2002 during the course of our *Sexual Health* inquiry we met informally with a number of school age children on Manchester Young People's councils. We found their views so compelling that we decided to take formal, oral evidence at Westminster from a group of young people aged 15 to 21.

22. The Health Committee had taken informal evidence from young people before, notably in the context of its inquiry into children in care. But we decided that it was important to have their views on the record for this inquiry. In January 2003 we invited four representatives from the Wakefield Peer Group Research Project, two Members of the National Youth Parliament, two representatives from the Swindon Young Mums-to-be

7 Public Service Agreements set goals for key service improvements across Government. Those relating to the Department of Health appear in its Departmental Report 2003, pp.11-22.

project and four members of the Wigan Borough-wide Youth Council. We went to great pains to make the process as relaxed as possible for them and to create an atmosphere where they could talk frankly to us. They performed superbly and our final Report is greatly indebted to their views. What was reprehensible was the reporting of this session by the diary columnists of several newspapers whose aim was solely to trivialise and ridicule this evidence.

23. Our inquiries into *The Control of Entry Regulations and Retail Pharmacy Services in the UK* and into *Public Expenditure* were heavily indebted to the work of the Scrutiny Unit of the Clerk's Department and we should like to record our thanks to them. We also made use of the Scrutiny Unit in a number of other inquiries and we very much value the additional rigour their work can bring to ours, notably in respect of the scrutiny of expenditure.

24. The major innovation in our work this year lay in the creation of our first sub-committee. This met once a week most sitting weeks between March and June 2003, while meetings of the main Committee continued as normal. The fact that Members were asked to sit at least twice a week placed a considerable burden both on Members and staff. While we feel that much useful work was achieved we are not convinced that a sub-committee can be sustained over a long period with a Main Committee membership of only eleven. An additional problem we are facing arises from the degree of necessary absenteeism we are experiencing as a result of many of our Members being placed on Standing Committees. We believe there is a case for expanding this membership so as to allow the creation of more sub-committees, thus allowing us to cover a broader range of subjects, affording a level of scrutiny more appropriate for the Department of Health given its size and expenditure.

Impact of the work of the Committee

25. Measuring the impact of the work of any select committee is a difficult task. A simple measure is to look at the number of recommendations it makes that are accepted by Government. Limiting ourselves to this we can record a number of notable successes. We are especially pleased that the Government has accepted our demands for a 48 hour waiting time target for GUM clinics, has acknowledged the need to replace the outdated chlamydia test, and has made additional funding available to achieve this. We are not satisfied, however, that it has adequately addressed the current deficiencies in sex and relationships education, or that funding and access to treatment for those suffering from HIV/AIDS will be sufficient, that enough consultants will be in post to meet demand, or that premises will be brought up to date within the reasonable future.

26. We are pleased that the Government clearly took careful stock of our Report in drawing up its own response to the OFT proposals on *The Control of Entry Regulations and Retail Pharmacy Services in the UK* and has reached broadly similar conclusions to ours.

27. We are in no position to say what the Government's response has been to our three maternity Reports since none has yet been forthcoming. We can see the logic of the Department issuing a single reply to three interlinked Reports. But the first of these Reports was published seven months ago and the last six months ago. So we are taking the

opportunity that this Report provides to register our irritation at this shoddy treatment by the Department which we regard as wholly unacceptable.

28. The impact of a Committee, however, goes beyond an analysis of number of recommendations accepted. We believe our Report on *Foundation Trusts* did much to stimulate debate on the subject and brought a lot of material into the public domain that otherwise would have remained undisclosed. Similarly, that into *Patient and Public involvement in the NHS* has informed our own later inquiries and has been beneficial to those taking part in debates relating to NHS reform. Finally, even though we have yet to report on *Obesity*, nobody can have failed to observe the extent to which this subject has become a major public concern in recent months, with thousands of articles and programmes appearing on it. We believe we have been a major catalyst in that debate and we take seriously our responsibilities in drawing up what will be a major Report.

Formal minutes

Thursday 15 January 2004

Members present:
Mr David Hinchliffe, in the Chair

Mr David Amess
John Austin
Mr Keith Bradley

Mr Simon Burns
Jim Dowd
Dr Richard Taylor

The Committee deliberated.

Draft Report (The Work of the Health Committee, 2003), proposed by the Chairman, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 28 read and agreed to.

Resolved, That the Report be the First Report of the Committee to the House.

Ordered, That the Chairman do make the Report to the House.

* * *

[Adjourned till Thursday 22 January at 10 a.m.]

Reports from the Health Committee since 2001

The following reports have been produced by the Committee since the start of the 2001 Parliament. The reference number of the Government's response to the Report is printed in brackets after the HC printing number.

Session 2002–03

First Report	The Work of the Health Committee	HC 261
Second Report	Foundation Trusts	HC 395 (Cm 5876)
Third Report	Sexual Health	HC 69 (Cm 5959)
Fourth Report	Provision of Maternity Services	HC 464
Fifth Report	The Control of Entry Regulations and Retail Pharmacy Services in the UK	HC 571 (Cm 5896)
Sixth Report	The Victoria Climbié Inquiry Report	HC 570 (Cm 5992)
Seventh Report	Patient and Public Involvement in the NHS	HC 697 (Cm 6005)
Eight Report	Inequalities in Access to Maternity Services	HC 696
Ninth Report	Choice in Maternity Services	HC 796

Session 2001–02

First Report	The Role of the Private Sector in the NHS	HC 308 (Cm 5567)
Second Report	National Institute for Clinical Excellence	HC 515 (Cm 5611)
Third Report	Delayed Discharges	HC 617 (Cm 5645)

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